

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: OK
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/1/2004		APPLICANT IDENTIFIER	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER	
				4. DATE RECEIVED BY FEDERAL AGENCY	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction				FEDERAL IDENTIFIER DUNS #557136355	
5. APPLICANT INFORMATION					
Legal Name: Oklahoma State Department of Health			Organizational Unit: Maternal and Child Health Service		
Address (give city, county, state and zip code) 1000 N.E. 10th Street P.O. Box 53551 Oklahoma City, OK 73117 County: Oklahoma			Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Suzanna Dooley, MS, ARNP Chief, MCH Service Tel Number: (405) 271-4480		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">7</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">7</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">8</div><div style="border: 1px solid black; padding: 2px 5px;">7</div></div>			7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):			9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal and Child Health Title V Block Grant		
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Oklahoma - Statewide					
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/2004		Ending Date: 09/30/2005		a. Applicant 5	
				b. Project 1-2-3-4-5	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>7,791,761.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <u>0.00</u>				
c. State	\$ <u>6,331,072.00</u>				
d. Local	\$ <u>644,638.00</u>				
e. Other	\$ <u>0.00</u>				
f. Program Income	\$ <u>165,000.00</u>				
g. TOTAL	\$ <u>14,932,471.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative James M. Crutcher, MD, MPH		b. Title Commissioner of Health & State Health Officer		c. Telephone Number (405) 271-4200	
d. Signature of Authorized Representative				e. Date Signed	

Previous Editions Not Usable

Standard Form 424 (REV. 4-88)
Prescribed by OMB A-102

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: OK

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 7,791,761

A.Preventive and primary care for children:

\$ 3,047,153 (39.11 %)

B.Children with special health care needs:

\$ 2,337,529 (30 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 779,176 (10 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 6,331,072

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 644,638

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 165,000

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 4,684,317

\$ 7,140,710

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 14,932,471

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 130,802

j. Education: \$ 25,000

k. Other: \$

Fam Plan Title X \$ 2,489,419

MCHB \$ 100,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 2,845,221

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 17,777,692

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: OK

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 8,068,538	\$ 8,068,538	\$ 8,041,242	\$ 0	\$ 7,791,761	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 6,112,041	\$ 6,526,609	\$ 6,242,073	\$ 0	\$ 6,331,072	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 299,544	\$ 299,544	\$ 543,261	\$ 0	\$ 644,638	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 129,905	\$ 181,855	\$ 165,000	\$ 0	\$ 165,000	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 14,610,028	\$ 15,076,546	\$ 14,991,576	\$ 0	\$ 14,932,471	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 2,140,891	\$ 2,316,277	\$ 2,416,277	\$ 0	\$ 2,845,221	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 16,750,919	\$ 17,392,823	\$ 17,407,853	\$ 0	\$ 17,777,692	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: OK

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 7,774,535	\$ 7,774,535	\$ 7,869,642	\$ 7,869,642	\$ 7,864,230	\$ 7,864,230
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 6,332,627	\$ 6,995,824	\$ 7,442,280	\$ 5,908,627	\$ 7,423,022	\$ 7,502,187
4. Local MCH Funds (Line4, Form 2)	\$ 794,756	\$ 794,756	\$ 833,687	\$ 833,687	\$ 258,051	\$ 543,261
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 160,000	\$ 196,588	\$ 205,941	\$ 205,941	\$ 213,246	\$ 165,000
7. Subtotal (Line8, Form 2)	\$ 15,061,918	\$ 15,761,703	\$ 16,351,550	\$ 14,817,897	\$ 15,758,549	\$ 16,074,678
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 11,917,849	\$ 12,950,384	\$ 14,074,137	\$ 44,651,392	\$ 76,173,566	\$ 3,682,287
9. Total (Line11, Form 2)	\$ 26,979,767	\$ 28,712,087	\$ 30,425,687	\$ 59,469,289	\$ 91,932,115	\$ 19,756,965
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2002
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence. Additionally, reduction in state funding over the past two state fiscal years has had an impact on total validation towards the MCH Block Grant.
- 2. Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2002
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence. Additionally, reduction in state funding over the past two state fiscal years has had an impact on total validation towards the MCH Block Grant.
- 3. Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2003
Field Note:
Figures reported in ERP often indicate differences between budgeted and expended columns due to the time factor associated with submission of estimated budgeted amounts in ERP for an application period versus what eventually occurs in agency expenses once that projected period is reflected in the annual report two years hence. This figure represents Medicaid collections of more than were projected and resulting expenditures against these monies during the year in question.
- 4. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2002
Field Note:
Significant changes within the Oklahoma State Department of Health (OSDH) structure occurred in FY2002 with realignment of organization. During the 2002 time period, the group of programs that made up MCH Services was reorganized into several separate services. Much of the "other federal monies previously under the control of the MCH Director" was placed in other service areas and therefore could not be reported as expenditures within TVIS.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: OK

	FY 2003		FY 2004		FY 2005	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 3,384,035	\$ 3,955,767	\$ 3,517,421	\$ 0	\$ 3,955,767	\$ 0
b. Infants < 1 year old	\$ 1,575,506	\$ 1,669,308	\$ 1,745,513	\$ 0	\$ 1,669,308	\$ 0
c. Children 1 to 22 years old	\$ 3,569,125	\$ 3,350,494	\$ 3,576,733	\$ 0	\$ 3,350,494	\$ 0
d. Children with Special Healthcare Needs	\$ 4,256,856	\$ 4,221,457	\$ 4,293,814	\$ 0	\$ 4,090,480	\$ 0
e. Others	\$ 531,749	\$ 440,035	\$ 429,947	\$ 0	\$ 440,035	\$ 0
f. Administration	\$ 1,292,757	\$ 1,439,485	\$ 1,428,148	\$ 0	\$ 1,426,387	\$ 0
g. SUBTOTAL	\$ 14,610,028	\$ 15,076,546	\$ 14,991,576	\$ 0	\$ 14,932,471	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 96,000	\$ 100,000	\$ 100,000
c. CISS	\$ 100,000	\$ 37,500	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 129,387	\$ 130,124	\$ 130,802
j. Education	\$ 0	\$ 25,000	\$ 25,000
k. Other			
Fam Plan Title X	\$ 0	\$ 0	\$ 2,489,419
MCHB	\$ 0	\$ 100,000	\$ 100,000
Family Planning	\$ 1,779,897	\$ 2,023,653	\$ 0
Dept. of Highway Safety	\$ 35,607	\$ 0	\$ 0
III. SUBTOTAL	\$ 2,140,891	\$ 2,416,277	\$ 2,845,221

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: OK

	FY 2000		FY 2001		FY 2002	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 3,672,447	\$ 2,944,672	\$ 3,524,024	\$ 3,477,432	\$ 2,957,697	\$ 3,851,529
b. Infants < 1 year old	\$ 1,823,693	\$ 1,520,624	\$ 1,820,300	\$ 1,622,434	\$ 1,621,186	\$ 1,901,680
c. Children 1 to 22 years old	\$ 3,313,165	\$ 3,793,211	\$ 3,459,857	\$ 3,701,756	\$ 3,941,642	\$ 3,997,124
d. Children with Special Healthcare Needs	\$ 4,276,983	\$ 5,394,279	\$ 5,481,163	\$ 4,150,801	\$ 5,126,921	\$ 4,316,767
e. Others	\$ 558,343	\$ 565,539	\$ 555,754	\$ 556,784	\$ 568,041	\$ 474,241
f. Administration	\$ 1,417,287	\$ 1,543,378	\$ 1,510,452	\$ 1,308,690	\$ 1,543,062	\$ 1,533,337
g. SUBTOTAL	\$ 15,061,918	\$ 15,761,703	\$ 16,351,550	\$ 14,817,897	\$ 15,758,549	\$ 16,074,678

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 95,900		\$ 0	
c. CISS	\$ 102,003		\$ 102,000		\$ 0	
d. Abstinence Education	\$ 756,837		\$ 756,837		\$ 756,837	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 63,425,000	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 2,803,849		\$ 2,885,937		\$ 485,639	
j. Education	\$ 4,022,968		\$ 4,022,968		\$ 4,065,545	
k. Other						
CBFRS, ATSDR, Children First, Medicaid	\$ 0		\$ 3,200,758		\$ 3,639,821	
Dept. Public Safety	\$ 0		\$ 0		\$ 36,465	
Family Planning	\$ 2,891,198		\$ 3,009,737		\$ 3,528,259	
MCHB	\$ 0		\$ 0		\$ 236,000	
CBFRS, ATSDR	\$ 1,240,994		\$ 0		\$ 0	
III. SUBTOTAL	\$ 11,917,849		\$ 14,074,137		\$ 76,173,566	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended

Row Name: Pregnant Women

Column Name: Expended

Year: 2002

Field Note:

Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence. Additionally, reduction in state funding over the past two state fiscal years has had an impact on total validation towards the MCH Block Grant.

2. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended

Row Name: Pregnant Women

Column Name: Expended

Year: 2003

Field Note:

This increase is partially due to shifting resources within the direct services area. Additionally, state appropriated funding declines during the 2003 grant year were less than anticipated and allowed for larger expenditure than was projected in the 2003 application.

3. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended

Row Name: Infants <1 year old

Column Name: Expended

Year: 2002

Field Note:

Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence. Additionally, reduction in state funding over the past two state fiscal years has had an impact on total validation towards the MCH Block Grant.

4. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: Children_1_22Expended

Row Name: Children 1 to 22 years old

Column Name: Expended

Year: 2002

Field Note:

5. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: CSHCNExpended

Row Name: CSHCN

Column Name: Expended

Year: 2002

Field Note:

Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence. Additionally, reduction in state funding over the past two state fiscal years has had an impact on total validation towards the MCH Block Grant.

6. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2002

Field Note:

Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence. Additionally, reduction in state funding over the past two state fiscal years has had an impact on total validation towards the MCH Block Grant.

7. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2003

Field Note:

This decrease is partially due to shifting resources within the direct services area. Additionally, all areas of MCH Block dollars, (A) Maternal and Infant Care, (B) Preventative and Primary Care for Children, and (C) Children with Special Health Care Needs, are committed to continue a realignment of resources towards core infrastructure, population based, and enabling services. This decrease is partially due to shifting resources away from direct services to infrastructure related areas.

8. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2003

Field Note:

Figures reported in ERP often indicate differences between budgeted and expended columns due to the time factor associated with submission of estimated budgeted amounts in ERP for an application period versus what eventually occurs in agency expenses once that projected period is reflected in the annual report two years hence. This figure represents state appropriated funding declines during the 2003 grant year that were less than anticipated and allowed for larger expenditure than was projected in the 2003 application.

FORM 5

STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: OK

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 7,963,654	\$ 7,699,056	\$ 7,607,369	\$ 0	\$ 7,648,748	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,514,236	\$ 1,541,306	\$ 1,535,507	\$ 0	\$ 1,519,660	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,066,575	\$ 1,133,902	\$ 1,109,310	\$ 0	\$ 1,119,476	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,065,563	\$ 4,702,282	\$ 4,739,390	\$ 0	\$ 4,644,587	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 14,610,028	\$ 15,076,546	\$ 14,991,576	\$ 0	\$ 14,932,471	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: OK

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 12,139,258	\$ 12,736,332	\$ 13,240,035	\$ 8,175,641	\$ 12,677,705	\$ 8,402,190
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 739,325	\$ 627,288	\$ 727,076	\$ 1,525,547	\$ 652,393	\$ 1,636,512
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,115,421	\$ 1,492,001	\$ 1,334,217	\$ 1,098,418	\$ 1,486,106	\$ 1,285,782
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,067,914	\$ 906,082	\$ 1,050,222	\$ 4,018,291	\$ 942,345	\$ 4,750,194
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 15,061,918	\$ 15,761,703	\$ 16,351,550	\$ 14,817,897	\$ 15,758,549	\$ 16,074,678

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2002
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 2. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2002
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 3. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 4. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2002
Field Note:
Figures reported in TVIS often indicate a significant difference between budgeted and expended columns for each fiscal year reporting period. Many of these differences are due to the time factor associated with submission of estimated budgeted data in TVIS for an application period versus what actually occurs in overall agency expenses once that projected period is reflected in the annual report two years hence.
- 5. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
All areas of MCH Block dollars, (A) Maternal and Infant Care, (B) Preventative and Primary Care for Children, and (C) Children with Special Health Care Needs, are committed to continue a realignment of resources towards core infrastructure, population based, and enabling services. This increase is partially due to shifting resources away from direct services to infrastructure related areas. Additionally, state appropriated funding declines during the 2003 grant year were less than anticipated and allowed for larger expenditure than was projected in the 2003 application.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: OK

Total Births by Occurrence: 50,222

Reporting Year: 2003

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	50,222	100	26	3	3	100
Congenital Hypothyroidism	50,222	100	24	21	21	100
Galactosemia	50,222	100	47	0	0	
Sickle Cell Disease	50,222	100	14	13	13	100

Other Screening (Specify)

Sickle Cell Trait	50,222	100	436	209	0	0
Hgb C Trait	50,222	100	123	53	0	0

Screening Programs for Older Children & Women (Specify Tests by name)

Lead Screening	12,616		243	134	132	98.5
----------------	--------	--	-----	-----	-----	------

(1) Use occurrent births as denominator.

(2) Report only those from resident births.

(3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Other Screening Types

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2005

Field Note:

For the sickle cell and hemoglobin C traits 100% were referred for genetic counseling. In 2003, the Sickle Cell Association counseled 45% of the families referred.

2. **Section Number:** Screening Programs for Older Children and Women

Field Name: OtherWomen

Row Name: All Rows

Column Name: All Columns

Year: 2005

Field Note:

Lead Screening: Data were obtained from Screening and Special Services, OSDH, and represent year 2002 figures, the latest year available.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: OK

Reporting Year: 2002

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	6,874	41.1		61.7	7.6	
Infants < 1 year old	50,222					
Children 1 to 22 years old	7,441					
Children with Special Healthcare Needs	23,873	71.1	2.2	3.2	8.1	15.4
Others	75,242					
TOTAL	163,652					

FORM NOTES FOR FORM 7

Primary Sources of Coverage: Note that percentages reported for maternity clients are not mutually exclusive. Health coverage for maternity clients is estimated from Oklahoma PRAMS data. Type of health coverage not available for family planning, infants, and children.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2005
Field Note:
enter note
2. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Data for primary source of coverage for infant less than one year of ages are not available.
3. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Children ages 1-22 years: Data were obtained from OSDH client services database, PHOCIS, and represent fiscal year 2003.
4. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2005
Field Note:
Oklahoma used Title XXI money to expand the Title XIX program. The figures on the separation of individuals enrolled in Medicaid under Title XIX expansion and those individuals enrolled in Medicaid under XXI (SCHIP) is collected and reported by the Oklahoma Health Care Authority.
5. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2005
Field Note:
Others: Clients receiving Family Planning services for calendar year 2003 (74,053 women, 1,189 men). Data were obtained from OSDH client services database (PHOCIS).

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: OK

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	50,222	39,093	4,570	5,232	111	962	0	254
Title V Served	4,720	3,086	551	127	30	0	0	926
Eligible for Title XIX	21,596	16,810	1,965	2,250	48	414	0	109
INFANTS								
Total Infants in State	98,986	77,000	9,214	10,238	205	1,880	0	449
Title V Served	52,462	40,810	4,883	5,426	109	996	0	238
Eligible for Title XIX	42,563	33,110	3,962	4,402	88	808	0	193

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	44,392	5,682	148	5,187	17	124	275	79
Title V Served	29,050	1,716	99	0	0	0	0	0
Eligible for Title XIX	19,089	2,442	64	2,230	7	53	118	34
INFANTS								
Total Infants in State	87,937	10,876	173	9,912	29	235	521	179
Title V Served	46,607	5,817	92	5,253	15	125	276	148
Eligible for Title XIX	37,813	4,676	74	4,262	12	101	224	77

FORM NOTES FOR FORM 8

Deliveries Eligible for Title XIX: Numbers are estimated by using Oklahoma PRAMS data.

FIELD LEVEL NOTES

1.

Section Number:

I. Unduplicated Count By Race

Field Name:

InfantsTotal_All

Row Name:

Total Infants in State

Column Name:

Total All Races

Year:

2005

Field Note:

note
2.

Section Number:

II. Unduplicated Count by Ethnicity

Field Name:

DeliveriesTitleV_TotalHispanic

Row Name:

Title V Served

Column Name:

Total Hispanic or Latino

Year:

2005

Field Note:

Data for subcategories of ethnicity are not available.
3.

Section Number:

II. Unduplicated Count by Ethnicity

Field Name:

InfantsTotal_TotalNotHispanic

Row Name:

Total Infants in State

Column Name:

Total Not Hispanic or Latino

Year:

2005

Field Note:

note

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: OK

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 426-2747	(800) 426-2747	(800) 426-2747	(800) 426-2747	(800) 426-2747
2. State MCH Toll-Free "Hotline" Name	OASIS	OASIS	OASIS	OASIS	OASIS
3. Name of Contact Person for State MCH "Hotline"	Madeline McCollum	Madeline McCollum	Madeline McCollum	Madeline McCollum	Madeline McCollum
4. Contact Person's Telephone Number	(405) 271-6302	(405) 271-6302	(405) 271-6302	(405) 271-6302	(405) 271-6302
5. Number of calls received on the State MCH "Hotline" this reporting period			319,262	218,343	127,453

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: OK

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2003

Field Note:

189 calls for MCH and related services

319,073 unique sessions

During the 2003 fiscal year, the OASIS website (<http://oasis.ouhsc.edu>) received 1,147,994 hits and 319,073 unique sessions. These statistics are taken from activity reports created by a website analysis program on the OUHSC web server which hosts the OASIS website. The OASIS website contains information about OASIS, SoonerStart, the Oklahoma Commission on Children and Youth, the Oklahoma Respite Resource Network, Maternal & Child Health resources, the OASIS Parent Contact System and other programs and agencies as well as a calendar of events and a searchable directory of resources. The directory is accessible to anyone visiting the site and can be used to find information on programs based on keywords used to search through the directory. Site activity reports show that there were at least 13,000 views or visits to the directory pages, listed among the most commonly viewed pages. There is no method at this time, however, to track demographics for these users.

*A hit is defined as any connection to an Internet site, including inline images and errors. A session is defined as one or more transactions between the Web server and a specific IP Address. Sessions can be human users as well as automated users such as search engine robots. Sessions expire after 15 minutes of inactivity.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: OK

1. State MCH Administration:
(max 2500 characters)

The Title V Program is administered by two state agencies. The Oklahoma State Department of Health (OSDH) administers programs for pregnant women, mothers, infants and children through the Maternal and Child Health Service (MCH). MCH organizationally consists of the Child and Adolescent Health Division, Women's Health Division and MCH Assessment. The Oklahoma Department of Human Services (OKDHS) administers the Children with Special Health Care Needs (CSHCN) Program through the Health Related and Medical Services Section of the Family Support Services Division.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 7,791,761
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 6,331,072
5. Local MCH Funds (Line 4, Form 2)	\$ 644,638
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 165,000
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 14,932,471

9. Most significant providers receiving MCH funds:

County Health Depts., OUHSC Dept. of OBGYN, OUHSC
Dept. of Pediatrics, OKC City-County Health Dept.,
Tulsa City-County Health Dept., Variety Health,
Health for Friends, Family Care Services, OICA

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	6,874
b. Infants < 1 year old	50,222
c. Children 1 to 22 years old	7,441
d. CSHCN	23,873
e. Others	75,242

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

MCH provides child and adolescent health clinical services through county health departments and contract providers. Services include outreach, physical examination and treatment, anticipatory guidance, social work, nutrition and health education. In addition, MCH provides clinical family planning and maternity services through county health departments and contract providers. These services include outreach, prenatal risk assessment, physical examination and treatment, social work, nutrition and health education. Dental health services are also provided to include oral examinations, clinical procedures and treatment. Through contracted providers the CSHCN Program provides clinical services to neonates, children with sickle cell disease and children who have been placed in the custody of the state. The CSHCN Program also provides formula, diapers and adaptive equipment through the Supplemental Security Income -Disabled Child Program to children who receive SSI, as well as PKU and other specialized formulas to children who have no other resource for receiving this formula. MCH and the CSHCN Program provide support to the statewide 1-800 toll free resource and referral system.

b. Population-Based Services:
(max 2500 characters)

MCH provides education and training for health care providers, communities, schools, children and parents on healthy behaviors to include nutrition and physical activity, prevention of Sudden Infant Death Syndrome (SIDS), teen pregnancy prevention, lead, school health, injury prevention, suicide prevention and violence prevention. MCH works with child care providers statewide on health and safety issues. In addition, community education and training on women's and men's preventive health care, maternity care, women's and men's reproductive health, male involvement programs, and sexual coercion is provided. Support is provided for monitoring birth defects through a statewide registry and providing information and education on preventive measures. MCH supports and provides technical assistance for Fetal and Infant Mortality Review (FIMR), Maternal Mortality Review and Child Death Review activities. Oral health education to include the benefits of fluoridation is provided to communities, children and adults. All newborns are screened for metabolic disorders and hearing loss and followed to assure appropriate intervention as needed. The CSHCN Program provides education to health care providers and communities on special health care needs. The CSHCN Program also provides PKU and other specialized formulas to children regardless of income and resources, as well as respite care for the parents/caretakers of medically fragile children.

c. Infrastructure Building Services:
(max 2500 characters)

MCH provides leadership in developing and setting state policy for services impacting the maternal and child health population (e.g. state statute; appointments to legislatively mandated committees; state plan for early childhood systems.) MCH provides education, training and technical assistance to public and private health care providers statewide on current health policies and standards of practice. Program specific data and population-based data from sources such as the State Systems Development Initiative (SSDI), Pregnancy Risk Assessment Monitoring System (PRAMS), The Oklahoma Toddler Survey (TOTS), Oklahoma First Grade Survey, Oklahoma Fifth Grade Health Survey, Youth Risk Behavior Survey (YRBS), Middle School Risk Behavior Survey (MSRBS) and the Oklahoma Birth Defects Registry provides information for the planning, development and maintenance of maternal and child health policies, service delivery and community planning. The CSHCN Program through ongoing community forums and participation in the Utah State University's Champions for Progress Institute is involving more parent/caretakers, stakeholders and the general population in providing input into the planning process for CSHCN services. CSHCN services can be obtained through local OKDHS offices located in every county of the state. MCH and the CSHCN Program provide technical assistance, education, training and monitoring of Title V related activities to assure communities have resourced to identify health care needs of women, infants, and children and develop system of care. MCH and the CSHCN Program participate in community Turning Point partnerships including support for community-based self-assessment, local planning and systems integration and networking with other local community coalitions, providers and consumers.

12. The primary Title V Program contact person:

Name	Suzanna Dooley, MS, ARNP
Title	Chief, Maternal & Child Health Service
Address	Oklahoma State Department of Health1000 N.E. Tenth
City	Oklahoma City
State	OK
Zip	73117-1299
Phone	(405) 271-4480
Fax	(405) 271-2994
Email	SuzannaD@health.state.ok.us
Web	www.health.state.ok.us, OASIS: oasis.ouhsc.edu

13. The children with special health care needs (CSHCN) contact person:

Name	Mary Stalnaker
Title	Director, Family Support Services Division
Address	Oklahoma Department of Human ServicesP.O. Box 253
City	Oklahoma City
State	OK
Zip	73125
Phone	(405) 521-3076
Fax	(405) 521-4158
Email	Mary.Stalnaker@okdhs.org
Web	www.okdhs.org

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: OK

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				100	100
Annual Indicator				100.0	100.0
Numerator				38	36
Denominator				38	36
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					52
Annual Indicator				50.4	50.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	53.8	56.5	60.7	66.8	75.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					54
Annual Indicator				53.3	53.3
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	56.7	61	67	75.4	81.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					58
Annual Indicator				56.4	56.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>59.5</u>	<u>61.5</u>	<u>64.6</u>	<u>67.8</u>	<u>72.9</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					68
Annual Indicator				67.6	67.6
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	69.7	71.8	73.6	77.3	81.1
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					7.8
Annual Indicator				5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.2	9.1	10.1	11.6	12.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	80	80	75	77	79
Annual Indicator	78.0	72.0	77.0	63.1	57.7
Numerator	36,509	34,215	36,591	29,986	27,420
Denominator	46,806	47,521	47,521	47,521	47,521
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	82	84	85	86	87
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	34.3	33.4	31	30	29
Annual Indicator	32.3	32.5	31.2	29.7	28.2
Numerator	2,514	2,490	2,322	2,216	2,094
Denominator	77,946	76,531	74,339	74,610	74,298
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	28	27.8	27.5	27.2	27
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	23	23	24	25	26
Annual Indicator	22.0	22.0	22.0	22.0	37.2
Numerator	21,401	21,069	21,054	22,329	
Denominator	97,275	95,769	95,700	101,495	
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	40	42	45	47	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	7.3	7.1	6.9	6.7	6.5
Annual Indicator	6.4	3.8	6.1	4.5	2.9
Numerator	47	28	45	33	21
Denominator	734,420	733,102	733,102	733,102	733,102
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	4.5	4.4	4.3	4.2	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	66	67	68	69	70
Annual Indicator	66.4	68.1	70.7	70.7	70.7
Numerator	32,208	31,993	35,369	34,476	33,187
Denominator	48,470	46,980	50,027	48,764	46,961
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	72.5	73.6	75	76.9	78.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25	40	70	80	90
Annual Indicator	23.0	59.5	90.0	92.6	92.6
Numerator	11,126	29,583	45,445	45,174	46,506
Denominator	48,470	49,680	50,494	48,764	50,222
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	93.5	94.9	95.8	96.7	97.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	22	21	20.5	20	19.5
Annual Indicator	21.7	17.2	17.2	17.0	14.1
Numerator	191,407	175,283	175,142	160,321	130,150
Denominator	882,062	1,019,085	1,018,268	943,066	926,120
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	14	13.7	13.4	13.2	12.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	77.5	78	79	80	81
Annual Indicator	66.3	64.5	75.9	79.0	79.0
Numerator	274,713	255,315	301,016	338,727	338,727
Denominator	414,569	396,000	396,424	429,000	429,000
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	82.2	83.9	85.5	86.8	87.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	1.05	1	1	1	1
Annual Indicator	1.2	1.3	1.3	1.3	1.2
Numerator	597	643	665	649	594
Denominator	48,187	49,530	49,961	50,296	50,157
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	10.5	9.7	9.5	9.2	9
Annual Indicator	9.7	8.7	9.5	10.2	11.4
Numerator	26	23	25	27	30
Denominator	268,000	264,101	264,101	264,101	264,101
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	9	8.9	8.7	8.6	8.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	72	73.1	74.2	75.6	77.6
Annual Indicator	71.7	75.7	71.7	77.7	75.4
Numerator	428	487	477	488	448
Denominator	597	643	665	628	594
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	79.1	81.1	82.3	83.9	85.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	81	82	82.5	83	83.5
Annual Indicator	80.1	78.7	77.5	76.5	76.0
Numerator	32,241	34,089	37,750	36,162	35,940
Denominator	40,274	43,313	48,740	47,271	47,261
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	83.5	83.9	84.5	85.3	86.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Percent of women who have an unintended pregnancy (mistimed or unwanted) resulting in live birth

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	46.0	45.0	44.0	43.0	42.0
Annual Indicator	45.4	46.9	52.1	52.1	52.1
Numerator	22,010	23,300	26,064	25,406	24,599
Denominator	48,470	49,680	50,027	48,764	47,244
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	41.5	41	40.5	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

The number of families with a child with special health care needs receiving respite care provided through the CSHCN program.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				70	75
Annual Indicator				67	127
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	130	140	154	177	212
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

The rate of neural tube defects among live births in Oklahoma (rate per 10,000 live births).

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7	6.5	6.0	5.5	5.0
Annual Indicator	4.7	5.0	4.6	4.8	4.4
Numerator	23	25	23	24	22
Denominator	48,470	49,680	50,027	50,310	50,222
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.9	4.8	4.7	4.6	4.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

The proportion of women who achieve the recommended weight gain during pregnancy

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	40.0	35.0	37.0	39.0	41.0
Annual Indicator	35.4	38.7	34.7	34.7	34.7
Numerator	17,178	19,226	17,359	16,921	16,550
Denominator	48,470	49,680	50,027	48,764	47,753
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	41.2	41.8	42.6	43.7	44.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

The percent of adolescents grades 9-12 smoking tobacco products

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	32	31.8	31.6	31.3	28.2
Annual Indicator	33.5	33.5	33.5	24.0	24.0
Numerator	89,767	90,240	90,240	62,671	62,671
Denominator	267,953	269,373	269,373	261,131	261,131
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	24.8	24.2	23.5	22.6	22.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

Number of communities with a Turning Point initiative that addresses the needs of their MCH populations.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3	5	7	9	50
Annual Indicator	3	6	15	43	48
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	55	59	65	75	82
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

The prevalence of partner violence in adolescent relationships.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	18.0	17.0	16.0	15.0	14.0
Annual Indicator	9.4	10.0	10.0	7.6	9.5
Numerator	24,897	26,119	26,119	19,851	24,807
Denominator	264,861	261,191	261,191	261,131	261,131
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	9.4	9.3	9	8.9	8.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

The percent of mothers who smoke during the third trimester of pregnancy.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				15	14
Annual Indicator				16.9	20.3
Numerator				8,241	9,599
Denominator				48,764	47,343
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	20.1	19.9	19.6	19.1	18.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
PM#1: Data were provided by Screening and Special Services, OSDH.
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
PM#2: Measure were pre-populated by data from the SLAITS CSHCN survey.
3. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
PM#03: The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
PM#4: The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
PM#5: The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
PM#6: The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
7. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
PM#7: Data were obtained from the Immunization Service, Disease & Prevention Services, Oklahoma State Department of Health.

Population data were obtained from the U.S. Bureau of the Census.
8. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2005
Field Note:
PM#08: Birth data obtained from Health Care Information, Oklahoma State Department of Health. The number of births for year 2003 are considered provisional. Births for year 2002 have been revised to reflect current data. Population figures obtained from U.S. Census Bureau. Population data for years 2001 and 2002 have been revised with updated figures.
9. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
PM#09: 2003 data were obtained from Oklahoma Oral Health Needs Assessment, 2003 - Dental Health Service, OSDH.
10. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
PM#10: Data were obtained from Health Care Information, OSDH. Data for years 1999-2002 have been revised with updated information. Data for year 2003 are provisional.
11. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2005

Field Note:

PM#11: Data were obtained from Oklahoma PRAMS.

12. Section Number: Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2005

Field Note:

PM#12: Data were obtained from Screening and Special Services, OSDH. Data for year 2003 are not yet available, therefore, the previous year's indicator has been used to generate estimates for year 2003. Performance Measure will be updated as new information is released.

13. Section Number: Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2005

Field Note:

PM#13: Data were obtained from the Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on pooled March 2002 and 2003 Current Population Surveys.

14. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2005

Field Note:

PM#14: Typically, data are provided by the Oklahoma Health Care Authority, the State's Medicaid agency. At this time, data for that cover the reporting period are not available. The previous year's reporting has been repeated. This measure will be updated when data become available.

15. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2005

Field Note:

PM#15: Data were obtained from Health Care Information, OSDH.

16. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2005

Field Note:

PM#16: Data were obtained from Health Care Information, OSDH. Year 2003 data are provisional.

17. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2005

Field Note:

PM#17: Data were obtained from Health Care Information, OSDH. Year 2003 data are provisional.

18. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2005

Field Note:

PM#18: Data were obtained from Health Care Information, OSDH.

19. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2005

Field Note:

SPM#1: Data were obtained from Oklahoma PRAMS. Final data for years 2002 and 2003 are not yet available.

20. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2005

Field Note:

SPM#2: Data were obtained from the Oklahoma Department of Human Services. The increase in the number reported on this PM reflect the first time that CSHCN was able to capture data on respite care paid by Developmental Disabilities Services Division, OKDHS.

21. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2005

Field Note:

SPM#3: Data were obtained from the Oklahoma Birth Defects Registry, Screening and Special Services, OSDH. Data are considered provisional.

22. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2005

Field Note:

SPM#4: Data were obtained from Oklahoma PRAMS, MCH Assessment. Final data for years 2002 and 2003 are not yet available.

23. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2005

Field Note:

SPM#6: Data provided by OSDH, Community Health Services, Community Development Service.

24. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

SPM#7: Data were obtained from the Oklahoma Youth Risk Behavior Survey, MCH Assessment.

25. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

SPM#8: Data were obtained from Oklahoma PRAMS, MCH Assessment. Final data for years 2002 and 2003 are not yet available.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: OK

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	8.1	7.9	7.7	7.5	7.3
Annual Indicator	8.4	8.2	7.2	8.1	7.6
Numerator	408	409	362	395	380
Denominator	48,470	49,680	50,027	48,764	50,222
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	7.2	7	6.9	6.7	6.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	2	2	2	2	2
Annual Indicator	1.9	2.1	2.3	2.5	2.1
Numerator	15.4	16.5	14.8	17.2	14.6
Denominator	8	7.7	6.4	7	6.9
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	2	1.9	1.8	1.7	1.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.8	4.7	4.6	4.5	4.4
Annual Indicator	4.9	5.0	4.1	5.0	4.2
Numerator	238	250	203	245	212
Denominator	48,470	49,680	50,027	48,764	50,222
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.3	4.2	4.2	4.1	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.3	3.2	3.1	3	2.9
Annual Indicator	3.5	3.2	3.2	3.1	3.3
Numerator	170	159	159	150	168
Denominator	48,470	49,680	50,027	48,764	50,222
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.9	2.8	2.7	2.6	2.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	9.7	9.5	9.7	9.4	9.1
Annual Indicator	9.8	10.0	10.2	11.5	9.2
Numerator	477	498	515	564	467
Denominator	48,779	49,986	50,373	49,046	50,535
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.7	8.5	8.4	8.3	8.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	27	27	27	26.5	26
Annual Indicator	29.7	23.6	31.1	20.6	26.6
Numerator	200	162	213	141	182
Denominator	672,958	685,374	685,374	685,374	685,374
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	25.6	25.1	24.7	24.3	23.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2005
Field Note:
OM#1: Data were obtained from Health Care Information, OSDH. Year 2003 data are considered provisional.
2. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2005
Field Note:
OM#2: Data were obtained from Health Care Information, OSDH. Year 2003 data are considered provisional.
3. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2005
Field Note:
OM#3: Data were obtained from Health Care Information, OSDH. Data for year 2003 are provisional.
4. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2005
Field Note:
OM#4: Data were obtained from Health Care Information, OSDH. Data are provisional for year 2003.
5. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2005
Field Note:
OM#5: Data were obtained from Health Care Information, OSDH. Data for year 2003 are provisional.
6. **Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2005
Field Note:
OM#6: Numerator data were obtained from Health Care Information, OSDH. Denominator data were obtained from U.S. Bureau of the Census.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: OK

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 10

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

Form 13: CSHCN has not been able to bring on staff or consultants. CSHCN continues to work closely with its vendors to insure that the program receives input from the paid parent advocates on their staff.

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: OK FY: 2005

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Decrease adverse pregnancy outcomes.
2. Reduce childhood injuries.
3. Decrease unintended pregnancy.
4. Decrease health risk behaviors in the MCH population.
5. Decrease relationship violence.
6. Reduce health disparities among racial/ethnic groups, socioeconomic groups and geographic areas.
7. Promote healthy, stable relationships among all family members.
8. Increase access to comprehensive health care services for MCH/CSHCN populations.
9. Improve transitional service systems for CSHCN.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: OK

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Mentoring of new MCH & CSHCN leadership staff from states that have similar organizational structure wherein MCH is in the State's Dept. of Health & the CSHCN Program is in another State agency.	The opportunity for new MCH & CSHCN leadership staff to work with a peer in another state with a similar org. structure would provide support to these staff as they learn about Title V, adjust to new roles, & look for opportunities for improvement.	Will need assistance in identifying states that are organizationally similar and receptive.
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 15 </u>	MCH is looking to enhance the current Fetal and Infant Mortality Review Project in Tulsa County and replicate this model in Oklahoma County. Guidance is also needed related to how the Perinatal Periods of Risk is being used with FIMR Projects.	The current Project is 4 years old & the only project OK has in place. Assistance from another state with FIMR exp., including project replication would be beneficial. MCH wants to assure appropriate guidance to the Project as it incorporates PPOR.	Bill Sappenfield, Centers for Disease Control and Prevention
3.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 18 </u>	MCH has initiated planning to restructure the state's process for Maternal Mortality Review. Currently, the Oklahoma State Medical Society (OSMA) has the lead role with MCH providing staff support. MCH is looking to move the process from OSMA to MCH.	The current process results in records being reviewed sporadically by 2 physicians (1 for West OK, 1 for East OK). Once reviewed, a committed process is lacking to facilitate identification of systems issues & strategies to impact.	Mississippi MCH Program
4.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 11 </u>	MCH as well as other Programs of OSDH use telephone surveillance for population-based surveys. A comprehensive uniform technical training for staff that conduct these surveys has been identified has a need.	The OSDH does not have a comprehensive uniform training for telephone surveillance that is the same across surveillance projects. This training would enhance the competency of staff & quality of interaction with individuals being surveyed.	Will need assistance in indentifying a provider.
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the			

	performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

TA #2: Requested technical assistance is relevant to National Performance Measures 15, 17, and 18.

TA#3: Requested technical assistance is relevant to National Performance Measures 15, 17, and 18.

TA#4 Requested technical assistance is relevant to National Performance Measures 11, 15, and 18, and State Performance Measure 1.

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: OK

SP # 1

PERFORMANCE MEASURE:

Percent of women who have an unintended pregnancy (mistimed or unwanted) resulting in live birth

STATUS:

Active

GOAL

To reduce the number of unintended pregnancies.

DEFINITION

Numerator:

Annual estimated number of mistimed and unwanted pregnancies times 100

Denominator:

Annual number of live births in Oklahoma

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Oklahoma PRAMS, vital records

SIGNIFICANCE

Unintended pregnancies are at greater risk for complicated births and poor pregnancy outcomes including infant mortality, birth defects, low birth weight, child abuse and dependency on welfare.

SP # 2

PERFORMANCE MEASURE:

The number of families with a child with special health care needs receiving respite care provided through the CSHCN program.

STATUS:

Active

GOAL

To increase the number of families with a child with special health care needs receiving respite care provided through the CSHCN program.

DEFINITION

The number of families with a child with special health care needs receiving respite care provided through the CSHCN program.

Numerator:

n/a

Denominator:

n/a

Units: **Text:**

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Claim payment records

SIGNIFICANCE

Respite care is the issue that is brought up at every Block Grant hearing as a need. By providing respite care you are lowering the risk of that child being institutionalized.

SP # 3

PERFORMANCE MEASURE:

The rate of neural tube defects among live births in Oklahoma (rate per 10,000 live births).

STATUS:

Active

GOAL

To reduce the rate of neural tube defects (NTDs) in Oklahoma

DEFINITION

Numerator:

Number of live births with a diagnosed NTD times 10,000

Denominator:

Number of live births

Units: 10000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital records; the Oklahoma Birth Defects Registry

SIGNIFICANCE

NTDs are devastating birth defects which negatively impact families and society. The CDC estimates 50-75 percent of all neural tube defects can be prevented if all women of child bearing age who are capable of becoming pregnant consume 0.4 milligrams of folic acid per day. Prevention measures include public education of the need to take 0.4 milligrams of folic acid per day among all women of childbearing age. Additionally, women who have had a previous child with a neural tube defect are targeted to take 4.0 milligrams daily.

SP # 4

PERFORMANCE MEASURE:

The proportion of women who achieve the recommended weight gain during pregnancy

STATUS:

Active

GOAL

To assure women achieve the recommended weight gain based upon their prepregnancy body mass index.

DEFINITION

The proportion of women who achieve the recommended weight gain during pregnancy

Numerator:

The number of women achieving the recommended weight gain according to the National Academy of Science's weight gain recommendations times 100.

Denominator:

The number of women delivering a live birth

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Oklahoma PRAMS; vital records. PRAMS collects self-reported information from women concerning their prepregnancy weight and height and weight gained during pregnancy. Weight gain levels are determined by the National Institute of Medicine's recommendations based on prepregnancy body mass.

SIGNIFICANCE

Gaining the appropriate amount of weight during pregnancy contributes to a healthier infant and mother. Information concerning the health benefits of appropriate weight gain to expectant mothers early in their pregnancy and improved nutritional monitoring by prenatal care providers may help to reduce low birth weight and other poor pregnancy outcomes. MCH is working to help educate care providers of the benefits of appropriate weight gain during pregnancy.

SP # 5

PERFORMANCE MEASURE:

The percent of adolescents grades 9-12 smoking tobacco products

STATUS:

Active

GOAL

To decrease the incidence of tobacco use and the resultant disease and death attributable to exposure to tobacco products among adolescents.

DEFINITION

The proportion of 9th through 12th graders smoking will be derived using annual aggregate data from the Youth Risk Behavior Survey. The proportion of students saying they smoked at least one or more cigarettes daily for the past 30 days will be considered smokers. Aggregate YRBS data are collected on an estimated 3,000 students annually from a variety of communities across the state. Data at this point is not considered a representative sample of the state.

Numerator:

The number of 9th through 12th grade students who report smoking cigarettes daily times.

Denominator:

The total number of 9th through 12th grade students surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey; state population estimates for ages 14 to 17. Currently, this is not a randomly sampled statewide survey at the present time. Due to lack of support for a statewide sample from the Oklahoma Department of Education, we are using convenience sampling techniques at the community level. The YRBS is made available to all schools in the state and analysis and data collection is provided by the Oklahoma State Department of Health and local county health departments. The traditional CDC 100 canvassing survey techniques are used in every school that participates. In school year 98/99 over 8000 highschool students in the state participated in the survey. Efforts to conduct a statewide random survey are still being made with the Department of Education and will continue until 100% of the highschools in the state are participants or the Department of Education approves the use of a random sample.

SIGNIFICANCE

Cigarette smoking is the single most preventable cause of death in the United States. It has been estimated that one in five deaths is caused by tobacco use. Studies have shown the vast majority of smokers start before 18 years of age.

SP # 6

PERFORMANCE MEASURE:

Number of communities with a Turning Point initiative that addresses the needs of their MCH populations.

STATUS:

Active

GOAL

To engage communities in developing and supporting coalitions/partnerships which address the specific needs of the community for health care for all of their MCH population groups.

DEFINITION

Number of communities with active Turning Point initiatives that meet all elements of the comprehensive, coordinated, community based, family centered and culturally competent care checklist.

Numerator:

The number of Turning Point plans with components that address MCH-related issues.

Denominator:

The number of communities with a Turning Point plan.

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Oklahoma State Department of Health's Office of Public Health Innovation evaluates the development of Turning Point partnerships and action plans and plan implementation on an ongoing basis. Communities may be self-determined as a region, county, city/town or a subsection of a city/town. Therefore, a denominator for this measure will not be pre-selected to avoid inhibiting systems development.

SIGNIFICANCE

Communities have the responsibility for the health and welfare of their infants, all ages of children including those with special health care needs, and women of child-bearing age.

SP # 7

PERFORMANCE MEASURE:

The prevalence of partner violence in adolescent relationships.

STATUS:

Active

GOAL

To build healthy adolescent relationships.

DEFINITION

The prevalence of partner violence in adolescent relationships.

Numerator:

The number of high school students (9th-12th grades) that respond affirmatively to the question "During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?" on the YRBS.

Denominator:

The number of high school students (9th-12th grades) who responded to the question "During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?" on the YRBS.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Oklahoma Youth Risk Behavior Survey (YRBS).

SIGNIFICANCE

The attainment of social competency in adult roles and responsibilities is one of the primary development tasks of Adolescents which includes obtaining the skills and knowledge to maintain a healthy lifestyle and being a caring family member. Young people who are involved in abusive relationships often continue this destructive pattern of behavior into adulthood. By helping adolescents learn to differentiate between healthy and unhealthy relationships and escape from or stop perpetrating abusive relationships, the likelihood that teenagers will develop healthier relationships in adulthood increases and the probability the cycle of domestic violence continuing is decreased.

SP # 8

PERFORMANCE MEASURE:

The percent of mothers who smoke during the third trimester of pregnancy.

STATUS:

Active

GOAL

To improve healthy birth outcomes, including the reduction of low weight births.

DEFINITION

The percent of mothers who smoke during the third trimester of pregnancy.

Numerator:

The number of women smoking during the third trimester of pregnancy.

Denominator:

The number of women delivering a live birth.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

27-6. Increase smoking cessation during pregnancy.

Increase the rate of smoking cessation during the first trimester of pregnancy.

DATA SOURCES AND DATA ISSUES

Oklahoma PRAMS; vital records. PRAMS collects self-reported information from women concerning smoking before pregnancy and during the third trimester of pregnancy.

SIGNIFICANCE

Smoking during pregnancy has been scientifically proven to negatively impact the birth weight of newborns. Prevention of mothers smoking during pregnancy or discontinuing smoking early in pregnancy will improve birth weights, improve other pregnancy outcomes. By education mothers and changing behaviors, birth outcomes and the environment for newborns will improve the health status of infants.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: OK

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	36.6	21.6	25.1	25.1	25.1
Numerator	852	507	590	590	590
Denominator	232,617	234,935	234,935	234,935	234,935
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	49.5	79.3	77.7	75.3	75.3
Numerator	13,915	23,362	23,825	23,831	23,831
Denominator	28,119	29,457	30,671	31,654	31,654
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	NaN	79.7	85.9	84.3	84.3
Numerator	0	727	937	1,230	1,230
Denominator	0	912	1,091	1,459	1,459
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	79.7	79.4	77.0	77.4	71.5
Numerator	31,703	34,354	37,469	36,519	35,802
Denominator	39,771	43,273	48,659	47,202	50,084
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>18.2</u>	<u>18.2</u>	<u>18.0</u>	<u>18.0</u>	<u>26.2</u>
Numerator	<u></u>	<u></u>	<u>20,231</u>	<u>20,231</u>	<u>22,661</u>
Denominator	<u></u>	<u></u>	<u>112,396</u>	<u>112,396</u>	<u>86,606</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>0.7</u>	<u>0.6</u>	<u>0.5</u>	<u>66.0</u>	<u>73.0</u>
Numerator	<u>115</u>	<u>108</u>	<u>103</u>	<u>6,006</u>	<u>6,643</u>
Denominator	<u>16,873</u>	<u>17,731</u>	<u>18,763</u>	<u>9,100</u>	<u>9,100</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2005
Field Note:
HSCI#01: Data were obtained from Health Care Information, OSDH. Year 2001 is the latest available.
2. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2005
Field Note:
HSCI#2: Typically, data for this indicator are obtained from the Oklahoma Health Care Authority, the State's Medicaid agency. At this time, data for year 2003 are not available. For this reason, year 2002 numbers have been repeated. This measure will be update once timely data become available.
3. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
HSCI#3: Typically, data for this indicator are obtained from the Oklahoma Health Care Authority. At this time, data for year 2003 are not available. For this reason, year 2002 numbers have been repeated. This measure will be update once timely data become available.
4. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2005
Field Note:
HSCI#04: Data were obtained from Health Care Information, OSDH. Year 2003 data are provisional.
5. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2005
Field Note:
HSCI#7: Data for this indicator were obtained from the Oklahoma Health Care Authority, the State's Medicaid agency.
6. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
HSCI#08: Data were obtained from Oklahoma Department of Human Services. CSHCN contends that the denominator in this health system capacity indicator is low. Requests for information to the Social Security Administration have not allowed CSHCN to confirm or refute the data.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: OK

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2001	Other	<u>8</u>	<u>6.1</u>	<u>7</u>
b) Infant deaths per 1,000 live births	2002	Other	<u>0</u>	<u>0</u>	<u>8.1</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2001	Other	<u>66.5</u>	<u>85.4</u>	<u>76.3</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2001	Other	<u>63.3</u>	<u>78.5</u>	<u>71.2</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: OK

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2002	<u>185</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2002	<u>185</u> <u> </u> <u> </u>
c) Pregnant Women	2002	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: OK

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2002	<u>185</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2002	<u>185</u> <u> </u> <u> </u>
c) Pregnant Women	2002	<u>185</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2005
Field Note:
HSI#05a: Data were obtained from Oklahoma PRAMS.
2. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
HSI#05b: Data were obtained from Health Care Information, OSDH. Income information and Medicaid status not available on birth certificates.
3. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2005
Field Note:
HSI#05c: Data were obtained from Oklahoma PRAMS. Value for "All" category differs slightly from that provided for Performance Measure #18 for which the source is vital statistics data.
4. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
HSI#05d: Data were obtained from Oklahoma PRAMS.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: OK

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: OK

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: Oklahoma Youth Tobacco Survey	3	Yes

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	3	Yes
Other:		

*Where:

1 = No

2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.

3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: OK

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	7.4	7.5	7.8	8.0	7.7
Numerator	3,557	3,589	3,898	4,021	3,885
Denominator	48,187	48,029	49,958	50,296	50,157
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	6.0	6.0	6.3	6.4	6.3
Numerator	2,820	2,802	3,054	3,147	3,071
Denominator	46,844	46,734	48,589	48,854	48,754
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	1.2	1.3	1.3	1.3	1.2
Numerator	597	643	665	649	594
Denominator	48,187	49,530	49,961	50,296	50,157
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	1.0	1.0	1.0	1.0	1.0
Numerator	463	492	501	485	485
Denominator	46,846	48,193	48,589	48,854	48,754
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	14.6	12.0	13.0	9.0	8.3
Numerator	105	88	95	66	61
Denominator	720,944	733,102	733,102	733,102	733,102
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	6.4	3.8	6.1	4.5	2.9
Numerator	47	28	45	33	21
Denominator	734,420	733,102	733,102	733,102	733,102
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	34.7	36.0	33.4	35.4	27.6
Numerator	175	185	172	182	142
Denominator	504,049	514,379	514,379	514,379	514,379
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	355.4	355.3	340.7	340.7	340.7
Numerator	2,562	2,605	2,498	2,498	2,498
Denominator	720,944	733,102	733,102	733,102	733,102
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	521.7	595.1	570.7	570.7	570.7
Numerator	3,761	4,363	4,184	4,184	4,184
Denominator	720,944	733,102	733,102	733,102	733,102
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	2,922.8	3,088.5	2,840.9	2,840.9	2,840.9
Numerator	15,954	15,979	14,698	14,698	14,698
Denominator	545,841	517,379	517,379	517,379	517,379
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	25.9	26.6	30.4	30.2	30.6
Numerator	3,364	3,418	3,897	3,882	3,927
Denominator	129,771	128,386	128,386	128,386	128,386
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	5.8	6.4	7.6	6.6	7.9
Numerator	3,344	3,911	4,636	4,011	4,839
Denominator	581,441	608,733	608,733	608,733	608,733
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 20

HSI#01A-B & HSI#02A-B

Data were obtained from Health Care Information, Oklahoma State Department of Health. Year 2002 data were updated with the latest information.

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2005
Field Note:
HSI#01A: Data were obtained from Health Care Information, OSDH.
2. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2005
Field Note:
HSI#01B: Data were obtained from Health Care Information, OSDH.
3. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2005
Field Note:
HSI#02A: Data were obtained from Health Care Information, OSDH.
4. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2005
Field Note:
HSI#02B: Data were obtained from Health Care Information, OSDH.
5. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2005
Field Note:
HSI#03A: Data were obtained from Health Care Information, OSDH. Year 2003 data are provisional.
6. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2005
Field Note:
HSI#03B: Data were obtained from Health Care Information, OSDH. Year 2003 data are provisional.
7. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2005
Field Note:
HSI#03C: Data were obtained from Health Care Information, OSDH. Year 2003 data are provisional.
8. **Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2005
Field Note:
HSI#05A: Data were obtained from the HIV/STD Service, OSDH.
9. **Section Number:** Health Status Indicator #05B
Field Name: HSI05B
Row Name:
Column Name:
Year: 2005
Field Note:
HSI#05B: Data were obtained from the HIV/STD Service, OSDH.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	48,724	36,389	4,565	4,823	777	34	2,136	0
Children 1 through 4	189,913	136,644	18,818	19,840	3,038	196	11,377	0
Children 5 through 9	233,160	166,243	23,818	25,190	3,455	256	14,198	0
Children 10 through 14	249,246	179,234	25,182	27,023	3,473	257	14,077	0
Children 15 through 19	261,131	190,394	25,241	27,284	3,870	274	14,068	0
Children 20 through 24	268,642	201,282	25,311	24,097	5,498	391	12,063	0
Children 0 through 24	1,250,816	910,186	122,935	128,257	20,111	1,408	67,919	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	44,323	4,401	0
Children 1 through 4	171,904	18,009	0
Children 5 through 9	213,444	18,716	0
Children 10 through 14	231,192	18,054	0
Children 15 through 19	243,479	17,652	0
Children 20 through 24	247,348	21,294	0
Children 0 through 24	1,151,690	98,126	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2003 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	95	52	21	20	0	0	0	2
Women 15 through 17	2,094	1,446	313	318	0	9	0	8
Women 18 through 19	4,794	3,408	597	728	1	34	0	26
Women 20 through 34	39,245	30,913	3,362	3,912	82	778	0	198
Women 35 or older	3,983	3,268	276	251	28	141	0	19
Women of all ages	50,211	39,087	4,569	5,229	111	962	0	253

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	74	20	1
Women 15 through 17	1,746	342	6
Women 18 through 19	4,179	605	10
Women 20 through 34	34,818	4,308	119
Women 35 or older	3,566	406	11
Women of all ages	44,383	5,681	147

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2003 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	380	272	67	33	4	0	0	4
Children 1 through 4	87	61	13	7	4	0	0	2
Children 5 through 9	41	28	4	5	1	0	0	3
Children 10 through 14	54	38	11	5	0	0	0	0
Children 15 through 19	189	145	14	25	2	1	0	2
Children 20 through 24	264	201	42	13	4	0	0	4
Children 0 through 24	1,015	745	151	88	15	1	0	15

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	333	45	2
Children 1 through 4	71	14	2
Children 5 through 9	35	4	2
Children 10 through 14	52	2	0
Children 15 through 19	169	19	1
Children 20 through 24	239	21	4
Children 0 through 24	899	105	11

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	982,183	708,904.0	97,624.0	104,160.0	14,613.0	1,017.0	55,865.0		2003
Percent in household headed by single parent	23.6	19.7	49.3	25.4	11.9	24.3	26.8	21.5	2000
Percent in TANF (Grant) families	5.6	3.3	20.9	6.7	1.8				2003
Number enrolled in Medicaid	439,037	254,537.0	72,811.0	63,576.0	4,095.0			44,018.0	2003
Number enrolled in SCHIP	93,555	60,313.0	9,259.0	14,155.0	942.0			8,886.0	2003
Number living in foster home care	19,672	9,992.0	3,337.0	3,718.0	96.0	115.0	2,337.0	77.0	2003
Number enrolled in food stamp program	291,974	167,861.0	60,084.0	40,597.0	1,670.0			21,762.0	2003
Number enrolled in WIC	160,501	117,468.0	20,564.0	1,736.0	7,561.0	640.0	2,778.0	9,754.0	2003
Rate (per 100,000) of juvenile crime arrests	2,534.0	2,639.0	5,698.0	1,673.0	1,319.0				2000
Percentage of high school drop-outs (grade 9 through 12)	3.6								2002

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	940,342.0	77,832.0		2002
Percent in household headed by single parent	23.6	23.3		2000
Percent in TANF (Grant) families	5.6	5.2		2003
Number enrolled in Medicaid	395,019.0	44,018.0		2003
Number enrolled in SCHIP	84,669.0	8,886.0		2003
Number living in foster home care	11,646.0	1,311.0	1,984.0	2003
Number enrolled in food stamp program	270,212.0	21,762.0		2003
Number enrolled in WIC	126,232.0	34,095.0	174.0	2003
Rate (per 100,000) of juvenile crime arrests	2,592.0	1,829.0		1999
Percentage of high school drop-outs (grade 9 through 12)				

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2002 Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	628,410
Living in urban areas	641,360
Living in rural areas	333,397
Living in frontier areas	7,417
Total - all children 0 through 19	982,174

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2002 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	3,361,829.0
Percent Below: 50% of poverty	7.2
100% of poverty	15.0
200% of poverty	36.6

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OK

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2002 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	944,564.0
Percent Below: 50% of poverty	10.2
100% of poverty	21.7
200% of poverty	48.7

FORM NOTES FOR FORM 21

Data were obtained from Health Care Information, Oklahoma State Department of Health.

HSI#07A

NOTE: Unknown ages by race [White 6, Black 1, Am. Indian 3, Other/Unknown 1] with Total 11. Oklahoma resident births Total 50,222.

HSI#07B

NOTE: Unknown ages by ethnicity [Not Hispanic/Latino 9, Hispanic/Latino 1, Unknown Ethnicity 1]

HSI#08A-B

NOTE: Data are provisional for year 2003. Data were obtained from Health Care Information, OSDH.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2005
Field Note:
Percent in single parent household: Data were obtained from Oklahoma Department of Commerce.
2. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2005
Field Note:
Data were obtained from the Oklahoma Department of Human Services.
3. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2005
Field Note:
Data were obtained from the Oklahoma Health Care Authority, the State's Medicaid agency.
4. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2005
Field Note:
Data were obtained from the Oklahoma Health Care Authority, the State's Medicaid agency.
5. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2005
Field Note:
Data were obtained from the Oklahoma Department of Human Services.
6. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2005
Field Note:
Data were obtained from the WIC program, Family Health Services, OSDH.
7. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2005
Field Note:
Datum is based on a single-year snapshot of dropout activity. The total number of dropouts is tabulated by district, by grade, and is then compared to the district's average fall enrollment by grade. The numbers are aggregated to generate state-level numbers. The legal definition for "school dropout" in Oklahoma is "any student who is not attending school, is under the age of nineteen (19), and has not graduated from high school." The law goes on to state that these students must not be attending any other public or private school or otherwise be receiving an education pursuant to the law, for the full term that the school district in which they reside is in session.

Source: Office of Accountability, Oklahoma Department of Education.
8. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2005
Field Note:
Percent in single parent household: Data were obtained from Oklahoma Department of Commerce.
9. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2005
Field Note:
Data were obtained from the Oklahoma Department of Human Services.
10. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2005

Field Note:

Data were obtained from the Oklahoma Health Care Authority, the State's Medicaid agency.

11. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2005

Field Note:

Data were obtained from the Oklahoma Health Care Authority, the State's Medicaid agency.

12. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2005

Field Note:

Data were obtained from the Oklahoma Department of Human Services.

13. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_WICNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2005

Field Note:

Data were obtained from the WIC program, Family Health Services, OSDH.

14. **Section Number:** Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2005

Field Note:

Data were obtained from the Oklahoma Department of Human Services.

15. **Section Number:** Indicator 09B

Field Name: HSIEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2005

Field Note:

Foster Care: Data were obtained from the Oklahoma Department of Human Services.